## U.S. Department of Justice 30-WHA-SRW **United States Marshals Service**

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

UNITED STATES OF AMERICA

John T. Harmon

United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197

**PLAINTIFF** 

DEFENDANT

**SERVE** 

**AT** 

BRIAN V. CLARK

PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form				
COURT CASE NUMBER 3:06CR030-WHA				
TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE				
R DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  AN 18 P 1 2 1  PISTOL, SERIAL NUMBER PBT7281				
S & EXPLOSIVES STRICT COURT				
Number of process to be served with this Form - 285				
Number of parties to be served in this case				
Check for service on U.S.A.				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER Telephone Numbers, and Estimated Times Available For Service)

				,						
Signature of Attorney or other Originator requesting service on behalf of :						☑ PLAINTIFF	TELEPHONE NUMBER		DATE	
SPACE RELOW FOR USE OF U.S. MARGUAY OF						DEFENDANT	(334) 223-7280	01/05/07		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total  Total Process  District of Origin  District to Serve  Signature of Authorical VISIOR										
number of process ir (Sign only first USM one USM 285 is subr	ndicated	otal Process District of Origin		rigin   I	District to Serve Signature of		Authorized USMS Deputy or Cl;erk		Date	
one USM 285 is subr	mitteď) N	0	No	1	No					
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.										
I hereby certify and and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).										
Name and title of individual served (If not shown above).							A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)							Date of Service		0 9 3 0 pm	
							Signature of the Marshal ard	Seputy	/ATT	
Service Fee	Total Mileage Charge (including endeavors)	s Forwardir	ng Fee	Total Charg	ges	Advance Deposits	Amount Owed to US Marshal of	or 7	Amount or Refund	
REMARKS:					·L					